

| EXAMINATIONS CONTINUED | | | | | PMBC Use Only |
|---|-----------------|------------------|------------------------------|-----------------------------|--------------------------|
| Examination | Location | Date | Result | | |
| Part I | | | | <input type="checkbox"/> | |
| Part II | | | | <input type="checkbox"/> | |
| Part II CSPE | | | | <input type="checkbox"/> | |
| Part III | | | | <input type="checkbox"/> | |
| POSTGRADUATE TRAINING | | | | | |
| 16. Have you completed, or are you currently participating in a residency program approved by the Council on Podiatric Medical Education? <i>If YES, list name and address of the program facility. Submit an original Certificate of Approved Residency Training (Form P4A-P4B). Please use additional sheet of paper if necessary.</i> | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| Name of Residency Program and Residency Type | Mailing Address | Attendance Dates | | | |
| | | Start | | <input type="checkbox"/> | |
| | | End | | <input type="checkbox"/> | |
| Name of Residency Director: | | | | | <input type="checkbox"/> |
| UNUSUAL CIRCUMSTANCES DURING POSTGRADUATE TRAINING | | | | | |
| 17. Have you ever received partial or no credit for a postgraduate training program? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 18. Have you ever taken a leave of absence or break from your training? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 19. Have you ever been terminated, dismissed or expelled from a program? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 20. Have you ever resigned from a program? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 21. Were you ever placed on probation for any reason during postgraduate training? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 22. Were you ever disciplined or placed under investigation during post graduate training? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 23. Were any incident reports ever filed by instructors? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 24. Were any limitations or special requirements placed upon you for clinical performance, professionalism, medical knowledge, discipline, or for any other reason during postgraduate training? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| 25. Have you ever had a postgraduate training contract not be renewed or offered for a following year? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> |
| A "yes" response to questions 16-24 requires a signed and dated written explanation. | | | | | P1D |